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# Beyond the Patient: Nursing Presence With Families During the Perioperative Period

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# Beyond the Patient: Nursing Presence With Families During the Perioperative Period

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ABSTRACT

Beyond the Patient: Nursing Presence With Families

During the Perioperative Period

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Nurses have used the intervention of caring for many years, but little attention has been given to describing the phenomenon of nursing presence in the perioperative setting. The purpose of this research was to learn more about the experience of the connection of the family to the nurse who kept them informed during the perioperative period. A hermeneutic phenomenological approach was utilized to identify patterns of caring, connecting, and transpersonal nursing presence described by the family of surgical patients. Five women were interviewed for this study. Transcribed interviews became the phenomenological texts for my hermeneutic analysis. Essential themes were uncovered that captured the essence of their experience. The women described the nurse's presence as a relationship that involved a kind of being with. They expressed a remarkable feeling knowing that someone cared, and described a special connection with someone they had just met. The presence of the nurse was an important factor in feeling reassured, even though time seemed endless. Perioperative nurses must understand the impact of nursing presence with families, and transform their nursing practice.

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# CHAPTER 1

## Introduction

### *Background*

When a person goes to surgery, the family or significant other spends many hours waiting, wondering, worrying, and often imagining the worst (Donnell, 1989). The waiting period during the surgery has been identified as the most difficult time of the entire perioperative experience for patient's family members (Raleigh, Lipczyk & Rowley, 1990; Silva, Geary, Manning & Zeccolo, 1984). Some of the reasons identified include: lack of control over hospital events, inadequate knowledge about the length of time in the operating room, lack of information about changes in the patient's condition and potential altered lifestyle (Silva, 1979).

Nurses recognize the need to extend care beyond the patient, to their family and friends (Donnell, 1989). Caring for the needs of the patient and family members during the surgical waiting period is a vital responsibility of the perioperative nurse. Previous research has suggested that the presence of a caring person during the surgical waiting period is an effective nursing intervention (Peterson, 1991).

### *Definition of Caring*

The term *caring* can be described as an action of showing concern for others through the expression of one's feelings. A nurse who cares shows respect for the patient and his or her family, perceives their feelings, and demonstrates concern for their human dignity. Caring in nursing is not a task-oriented behavior; instead it involves a conscious decision to develop an interpersonal relationship that connects the individuals in a special way. The depth of the relationship will determine inner feelings of being connected. The deeper the relationship, the more likely these individuals will experience inner feelings that go beyond the usual nursing relationship (Wilde, 1997).

*Concept of Human Caring*

The concept of Human Caring (Watson, 1988, 1999a) describes caring as the essence of nursing. According to Watson (1999a), caring in nursing involves personal values, knowledge about one's need for care, a desire, and a conscious decision to care. In order for a caring relationship to occur, Watson feels that the nurse needs to be able to accurately detect the feelings of others, assess their condition and feel closeness with the other individual. This closeness has the potential to go beyond bodily or emotional contact to a more inner sense of spiritual feelings.

The Culture Care Theory (Leininger, 2002) refers to the human caring as the phenomena with expressions in a supportive way to help serve others to improve health or the needs of individuals in a sensitive, meaningful way. Leininger describes culturally congruent caring as, "the use of sensitive, creative, and meaningful care practices to blend with general values, beliefs, and lifeways of clients for beneficial and satisfying health care, or to help them with difficult life situations" (p. 12).

Newman (2000) refers to caring in human health experience, " as a moral imperative for nursing. Caring is not something we do, rather it is something that transforms all that we do" (p. 141). The health perspective of caring requires an unconditional acceptance and love which leads to attention to others. According to Newman, "The essence of the process is in being fully present in the transformation of ourselves and others as we allow the meaning of the new reality to unfold" (p. 140). For the nurse it is important to be open and vulnerable, to let go, embrace our experience, and move towards a higher level of consciousness in caring actions.

*Transpersonal Caring*

Watson (1988) describes a transpersonal caring relationship as a special kind of human care relationship between two individuals (p. 63). The nurse enters into the phenomenal field of another person, detects their inner feelings, feels their inner condition within herself, and responds in a way that permits the other person to release

their feelings. A transpersonal caring relationship conveys a concern for the other person's inner life that goes beyond the given moment, reaching to a deeper connection (Watson, 1999a).

A transpersonal caring relationship requires a nurse to totally give of one's self to the other. The nurse senses the feelings of the other person and is able to express them in such a way that the other person is able to experience and release their feelings of concern (Watson, 1999a). This process requires the nurse to use her body, mind, and spirit to be totally present with the other individual. The presence of a nurse can be described as a way of *being with* that connects the individuals in a special way. According to Watson, the concept of nursing presence describes a transpersonal caring relationship with another that goes beyond doing tasks and implies a harmonious relationship with another.

*Surgical Nurse Communicator Program*

The Department of Surgical Services has a surgical nurse communicator program designed to provide information and to care for the family during the perioperative period. The program is designed to have a registered nurse with perioperative experience as the surgical nurse communicator. Perioperative registered nurses possess knowledge of anatomy and physiology, an understanding of the surgical procedure, and are able to translate the medical terminology into laymen's terms. They also have the skill and ability to offer the family emotional support because of their educational preparation in communication, interpersonal relationships and critical thinking skills. An important characteristic of the surgical nurse communicator is her inner desire to care for people, and to understand the value of their role in helping the family have a positive experience.

The surgical nurse communicator initially meets with the patient and the family in the admission unit, explains the surgical process, answers questions, and helps to alleviate their concerns. The nurse assesses the emotional state of the patient and family, detects their feelings, and offers emotional support throughout the perioperative period.

At this point, the nurse begins her connection with the family member, and strives to develop a trusting, interpersonal relationship.

The moment that the individuals connect presents them with the opportunity to decide how to be in the relationship. Depth in the nurse-family relationship will determine how the family member will experience special moments that transcend the usual nursing relationship (Wilde, 1997, Watson, 1999a). A deep connection can lead to a transpersonal caring relationship between the nurse and the family member. The deeper the relationship, the more likely the people in the relationship will experience a special connection, resulting in a feeling of transpersonal presence. Both individuals are changed as a result of the intimate experience (Watson, 1999a).

*Purpose of the Study*

This research focuses on patterns of caring behaviors from the perspective of the patient's family member during the perioperative period. The purpose of this hermeneutic phenomenological study is to describe the experience of a nurse's connection with the family member of the surgical patient during the perioperative period. Utilizing hermeneutic phenomenology, dialogical engagement with family members occurred to explore their feelings regarding the role of the surgical nurse communicator with the family relating to the phenomenon of caring, connecting, and the concept of transpersonal presence. Guided by the principles of transformational leadership, the essences of their experiences will be utilized to transform nursing practice in the perioperative setting. The research question that guided my study is: "What is the experience of feeling connected to the nurse who kept you informed during the surgical procedure?"

Limited research exists on the effects of nursing presence as an intervention beneficial to the family during the perioperative period. Studies by Silva (1987) and Norheim (1989) explored the needs of the family of surgical patients. The results identified the family member's need for specific facts concerning the patient's surgical progress, and more frequent reports on the patient's surgical progress. A study by Farreed

(1996) identified that the patient's surgery produces a need for reassurance in the family members, and a study by Silva (1979) identified the need for information and increased control. A phenomenological research study by Costa (2001) explored ambulatory surgery patients' perceptions and views of their perioperative experience. Themes identified in this study included fear, knowing and presence. Presence was described in this study as the nurse and family members being available physically and emotionally to the patient.

Research has demonstrated that the nursing intervention of providing information during the perioperative period decreases the family anxiety levels (Leske, 1993). A recent study examined the effects of perioperative communication on the anxiety level and satisfaction of surgical patients' family members during a major or diagnostic surgical procedure (Miller, 2003). The study demonstrated that the nursing intervention of providing information during the perioperative period decreased the family anxiety and increased their satisfaction level. The study also measured the number of times family members stopped to ask questions from the nursing staff. Family members who felt informed did not feel the need to inquire about the progress of their family member's surgery with the nursing or surgery staff.

This study raised further questions: What other nursing interventions by the surgical nurse communicator, beyond providing information, makes an impact on the family during the perioperative period? What are the patterns of caring in nursing interactions? Does the nursing intervention of being with, defined as nursing presence, make a difference in the family members' response to the surgical experience and potential outcome? Can a transpersonal caring relationship be therapeutically helpful?

*Theoretical Foundation*

The transpersonal caring relationship, as described by Watson (1999a), will be utilized as the foundation for my caring model. According to Watson, transpersonal caring seeks to connect with the other through the process of caring in the moment, and is

influenced by the caring consciousness and intentionality of the nurse. The surgical nurse communicator seeks to recognize, accurately detect, and connect with the inner feelings of the patient and family member. The degree of sincerity by the nurse will influence the transpersonal caring feeling released. The nurse's actions, words, behaviors, body language, feelings, intuition, senses, and the energy field, all contribute to the transpersonal caring relationship. The nurse communicator's actions of caring is expressed through movements, gestures, facial, verbal tone and expressions, information, touch, and other means of caring communication.

A transpersonal caring relationship can occur when the family member is open and willing to let the nurse get close to them. At the same time, the nurse needs to be open to the emotions and feelings of the family member. According to Watson (1999a), the nurse enters into the family member's situation (phenomenal field), while at the same time the family enters into the nurse's world. This shared interaction can be an intense and powerful phenomenon that can make a significant difference in the family member's experience. As a consequence of a transpersonal caring relationship, both the surgical nurse communicator and the family member feel changed as a result of their shared relationship (Doona, Haggerty, & Chase, 1997; Watson, 1999a). A positive outcome for the family is a change in their affective state, where the family member feels a reduction in their anxiety, gains a sense of assurance, and identifies a feeling of satisfaction with their experience. The nurse feels a sense of inner peace and fulfillment in her role.

*Transformational Leadership Model*

A transformational leadership model as described by Burns (1978) and Bennis and Nanus (1985) will be utilized as a process for transforming nursing practice in the perioperative setting. Transformational leadership is a process in which "leaders and followers raise each other to higher levels of motivation and morality. Transformational leadership raises the level of human conduct and ethical aspiration of both leader and follower, and has a transforming effect on both" (Burns, 1978, p. 20). According to

Grossman and Valiga (2000), "This motivation energizes people to perform beyond their expectations by creating a sense of ownership in reaching the vision" (p. 71).

Bennis and Nanus (1985) defined transformational leaders as individuals who "commit people to action, who convert followers into leaders, and who convert leaders into agents of change" (p. 3). Bennis and Nanus identified four strategies to assist leaders to be more transformational: attention through vision, meaning through communication, trust through positioning, and deployment of self through positive self-regard (p. 25). Leaders are often result-oriented individuals with compelling visions and empower others. Communication creates meaning for people, and getting the message to everyone within the organization is essential. Trust implies accountability, predictability, and reliability. Leaders recognize their strengths, have the capacity to develop those strengths, and the ability to understand their limitations.

Nurses as transformational leaders must follow their dreams, communicate in an articulate manner, be concerned with their own growth as well as others, establish trusting relationships, and identify their strengths and limitations (Grossman & Valiga, 2000, p. 72). Nurses must develop effective communication skills in order to be effective leaders. It is essential for nurses to have well developed interpersonal relationship skills with patients and their families.

*Definition of Terms*

Bracketing – is a method for the researcher to identify her interest, preconceptions, ideas and beliefs, in the subject and to make sure that the results are free of bias or prejudice.

Caring behavior – is a human mode of interaction where there is an intended action to achieve a special connection.

Connected – is the intentional act to create a bond or special relationship with another person (Wilde, 1997).

Connection – is the essence of a relationship that acknowledges the presence of both people and binds them together in a special way (Wilde, 1997).

Family member – is the surgical patient's adult blood relative, spouse, or significant other who demonstrates attachment or commitment and who waits during the patient's surgical procedure.

Major surgical procedure- a non-elective procedure involving one or more major organs or extremities, lasting for more than two hours, and requiring admission to the hospital as an morning admit or pre-admit to the hospital before surgery.

Nursing presence – is an experience of engaging with another, described as being with, connecting the individuals in a meaningful way (Liehr, 1989).

Transpersonal caring relationship- is the essence of the interaction that connects the inner feelings of individuals through the process of caring.

*Significance of Study*

The significance of this study is that the findings will provide valuable insight into the importance of caring, connecting and presence of the surgical nurse communicator as a powerful force for meeting the needs of the family during the perioperative period. Research designed to better understand the relationship between the families' experience during the perioperative period, and the nurse's ability to employ and experience transpersonal caring relationships, is a useful step towards a better understanding of the phenomenon of nursing presence, and its potential power to influence the family member's response to create a positive surgical experience and transform perioperative nursing practice.

According to Liehr (1989), a unique gift a nurse can offer is to share of one's self by being present with another. The nurse's conscious awareness of the other person's needs extends beyond a facial expression or beyond the content of a verbal exchange. According to Watson (1999b), nursing presence is a transpersonal interaction that

penetrates through the surface of the normal experience, where a shared understanding emerges that connects individuals in a meaningful way.

# CHAPTER 2

## Methodology

### *Overview of Methodology*

A hermeneutic phenomenological approach (van Manen, 1990) was utilized to identify patterns of caring, connecting and transpersonal nursing presence described by family members of surgical patients. Hermeneutic phenomenology is a research method that studies persons and phenomena and is based on the interpretation of the lived experience. Van Manen's approach uses interpretation of lived experiences via text or symbolic forms. The aim is, " to construct an animating, evocative description (text) of human actions, behaviors, intentions, and experiences as we meet them in the life world" (p.19).

### *Phenomenology*

To gain insight into the lived experience of the family member and their connection with the nurse communicator, it is essential to understand the phenomenon, as well as what the phenomenon mean. According to van Manen (1990), "Phenomenology aims at getting a deeper understanding of the meaning of our experiences (p. 9). It is the study of the lived meanings, and attempts to describe and interpret these meanings to a degree of depth" (p. 11). Phenomenology uses modes of questioning, reflecting, and focusing to attempt to describe through words the meaning of the lived experience.

### *Hermeneutics*

Hermeneutics is the theory and practice of interpretation (van Manen, 1990). The aim of hermeneutics is to interpret the phenomena to uncover hidden meanings (Dowling, 2004). As a methodology, hermeneutic analysis guides the interpretation of the phenomenon to uncover the meaning of the experience (Robertson-Malt, 1999).

*Hermeneutics Phenomenology*

Hermeneutic phenomenology is the combination of descriptive, as well as interpretive phenomenology (Dowling, 2004). It is the direct investigation and description of phenomena as experienced by life, using reflection and writing, to understand the meaning of life. According to van Manen (1990), the goal of hermeneutic phenomenology is to construct an interpretive description of the life world, and to be aware that the lived life is more complex than the meanings reveal.

Six research activities provide a methodical structure involved in the process of hermeneutic phenomenology inquiry. The following research activities will act as a framework for my process of inquiry to understand the family member's experience:

1. Turning to the nature of the lived experience.
2. Investigating experience as we live it
3. Reflecting on the essential themes
4. Describing the phenomenon
5. Maintaining a strong relation to the phenomenon
6. Balancing the research context

In hermeneutics phenomenology inquiry, review of the literature is conducted after the completion of the semi-structured conversations in order to eliminate any pre-conceived ideas about nursing presence. During the analysis of the transcribed notes, it is essential to complete a thorough literature search into the themes uncovered. For that reason, the literature review will follow the findings section.

*Persons of Interest*

The study group consisted of adult family members of surgical patients having a major surgical procedure at a major medical facility in South Eastern Minnesota. The study group focused on potential family members of patients in the following surgical specialties: Colon-Rectal, General Surgery, and Urology. These areas were selected

because the types of major surgical procedures performed in these specialty areas frequently create a significant amount of anxiety in the patient's family members.

The surgical nurse communicator identified potential family members to be involved in the study based on the length of time of the surgical procedure, and the perceived feeling of having developed a transpersonal caring relationship with the family. Once a potential family was identified, the study was limited to one member per family.

Inclusion criteria for selection of family members were:

1. Be available during the days following the surgical procedure for the intentional semi-structured conversation to occur
2. Able to speak and understand English
3. Be at least 21 years old
4. Be willing to participate in the study
5. Surgical procedure must last greater than two hours
6. Perceived feeling by the nurse communicator that a transpersonal caring relationship occurred

*Participant Size*

The participants were chosen to participate were based on availability. A purposive sample of five families was selected. The nurse communicator identified a family member as a potential participant after the surgical procedure was completed, and the patient had arrived into the Post Anesthesia Care Unit. I approached the family member during the patient's hospitalization to inquire about their willingness to participation in the study. The family member was given the invitation to participate letter (Appendix A, p. 55), and then given time to decide if they were interested in participating in the study.

The intentional semi-structured conversations were scheduled during the time that the patient was in the hospital. The dialogical engagement was conducted in a room

where privacy could be assured, and at a convenient time established by the family and the principal investigator. Written consent (Appendix B, p. 56) was obtained from the participants.

*Data Collection*

The primary data collection strategy was the use of a tape-recorded semi-structured conversation. In hermeneutic phenomenology, a dialogical engagement is used to obtain narrative information to develop an understanding of the meaning of the experience (van Manen, 1990). The dialogical engagements took place in a private setting near the surgical family's hospital room so that each respondent would feel free to share her perceptions. A demographic questionnaire, (Appendix C, p. 60) included information, such as name, address, telephone number, age, gender, educational preparation, ethnic background, and relationship to the surgical patient, was completed.

A dialogical engagement was utilized to uncover the essential themes of the participant's experience. The questions asked were in an open-ended manner and were based on a semi-structured conversation guide formulated from the research question. The probing questions had no specific order and were directed by the participant's response. The semi-structured conversation began with an opening question to help put the participants at ease. The following question was asked, "I see that according to your response to question number seven in the demographic questionnaire, you have or have not experienced waiting for a loved one during surgery." "Tell me about your day of waiting for your loved one during surgery? What was it like?" I explained to the family that I was not looking for the family member to evaluate me as their nurse communicator, but to explore their feelings of what it was like to be connected to the nurse communicator during the perioperative period. The participants were asked to describe their feelings of what it was like to feel connected to the nurse who kept them informed. They were encouraged to fully describe their perceptions without being interrupted or led by the principal investigator. Open-ended statements like, "Tell me

more about that" were utilized throughout the dialogical engagement. Observations of non-verbal signals, such as sighs, laughs, pauses, or interruptions, were collected during the semi-structured conversations. The investigator tried to move the family members to deeper reflections with the probing questions. Examples of these probing questions can be found in Appendix D (p. 61).

When an extended period of silence occurred, and I felt that the family member had exhausted their reflection on the experience, a concluding question was asked. "Is there anything that you have not offered, either positive or negative, about the experience that you would like to add?" If there were no additions, the semi-structured conversation ended.

I gave my business card with my e-mail address and phone number to the family member if they had any additional information or questions. The family members were asked for their approval to be contacted by phone at a later date to clarify understanding and to confirm the credibility of the findings.

*Data Processing*

The transcribed semi-structured conversations became the phenomenological texts for my hermeneutic analysis. A hired transcriptionist transcribed the semi-structured conversations. To ensure the accuracy of the transcription, the transcripts were read while listening to the audiotapes. During this reading, sentences were completed, missed words were added, and the participant's emotions, such as crying, pauses, laughing and movements of their hands, were inserted into the transcribed notes.

Transcripts were read for a second time to look for emerging words in each of the dialogical engagements. Some of the words in text that appeared frequently were the following: being with, connection, present in relationship, time, information, and knowledge. Those words were written on page tabs and attached to the corresponding page of the transcribed notes to help visualize these ideas. A table was developed in

Excel for each semi-structured conversation with the various words noted in alphabetical order. These words were sorted by like ideas and color-coded per initial concept. According to van Manen (1990), themes refer to terms that occur frequently in the text (p.78). Various terms emerged and the following preliminary themes were identified: being there, comfort, connection, information, and time.

According to van Manen (1990), interpreting the meaning of a lived experience is a process of insightful discovery. Notations were made of the emotions expressed by the women during the dialogical engagement, such as fear, being alone, lonely, and worried, as these emotions could potentially help to identify meaning. Words, such as decreased anxiety, reassurance, sense of comfort and control, a sense of peace, trust, and support, appeared to make up the structure of their experience.

The transcribed semi-structured conversations were read with every effort to seek the essential meaning of the experience. To ensure the correct interpretation of these themes, it was necessary to retrieve the sentences from the semi-structured conversations where these words were used in context. These sentences were written out to help analyze the phenomenon and the experiential structures of the experience to determine the themes. According to van Manen (1990), a theme is the experience of the meaning that describes an aspect of the structure of the lived experience. These initial essential themes and the supporting documents were sent to my advisor for confirmation of being on the right track.

Van Manen's (1990) life world themes, lived space, lived body, lived time, and lived human relation, were reviewed as existential helpful guides for reflection in the research process. I reflected on commonalities in themes between the various semi-structured conversations, which guided me to uncover five essential themes. The following themes of being with, connectedness, a sense of control through being informed, relationship with the other, and a sense of time, were initially identified.

*Credibility*

Since I was also the nurse communicator for these families, the researcher acknowledges her interest in the importance of a nurses' presence with the family members. Prior to conducting the semi-structured conversations, I explicated my pre-conceived ideas about the importance of a nurses' presence through documentation in a journal. Some of my bracketed thoughts included:

1. The nurse communicator plays a vital role in the experience of the family member during the perioperative period.
2. The nurse communicator's sense of caring will make a difference in the family members response to the surgical experience.
3. The nurse communicator can choose to develop a special relationship with the family member.
4. The nurse communicator's presence can make a difference in the outcome of the family member's experience.

Through bracketing, I attempted to suspend my beliefs and pre-conceived ideas about the importance of nursing presence prior to and during the data collection and data analysis.

To help minimize biases that could influence the study, I contacted the family members to crosscheck my themes. To confirm the credibility of my findings, the essential themes were shared with the participants after all of the semi-structured conversations had been conducted. The family members were contacted and themes reflected were read to them over the phone. Credibility was established when the participants recognized the findings to be true to their experiences. These findings were documented in order to leave an audit trail illustrating the evidence and thought processes that led to the conclusions.

*Protection of the Participants*

The Department of Surgical Services, the Department of Nursing Research, the Medical Center Institutional Review Board, and Augsburg College Institutional Review Board, reviewed and approved the research proposal. The Department of Surgical Services Executive Committee reviewed and approved the research study on February 13th, 2003. The Department of Nursing Research approved the protocol on April 13, 2004, and provided funding of $425.00. The Medical Center Institutional Review Board reviewed and approved the protocol IRB # 900-04 on April 27, 2004, and on May 25, 2004 approved modifications made to the consent form and the invitation letter. On June 17, 2004, the Augsburg Institutional Research Board approved the research project # 2004-32-1. On February 15, 2005, the Medical Center Institutional Review Board approved the follow-up telephone call dialogue transcript (Appendix E, p. 62).

Family members selected were informed about the study and signed a consent form (Appendix B, p. 56). Participants were assured that information shared with the principal investigator would remain confidential, and their identities would not be revealed. Code numbers for each semi-structured conversation identified the audiotapes with the demographic data forms. All audiotapes were erased once the study was completed. Data was stored in a secured file cabinet and individual identities were protected.

Participants were given a copy of signed consent form. The consent form included the e-mail address and telephone number of the researcher, and my academic advisor's name and telephone number, and all other required information, as well as the statement that they could withdraw from the study at any time.

Participants received a compensation gift of $25.00 for participation in the study. They received $15.00 after completing the semi-structured conversations, and another $10.00 after the telephone contact.

A benefit for the participant to partake in this study would come from the opportunity to share their experience, and to know that their unique perceptions would contribute to advancing nursing practice in the perioperative setting. A potential risk associated with participating in this study was the possible loss of composure with emotional moments during the dialogical engagement. I stopped the semi-structured conversation when a family member became emotional. The dialogical engagement continued when the participant agreed they were emotionally ready to proceed. It was recognized that the sharing of emotions demonstrated an openness and willingness to express their true feelings. This shared moment was a very powerful experience for the family member, as well as for myself.

# CHAPTER 3

## Findings

### *Participant Information*

The participants in this study were five women who waited for their loved ones during a surgical procedure at a major medical facility from July through October 2004. The participants were randomly selected based on a feeling that I, as their nurse communicator, had developed a special connection with them during the perioperative period.

The women represented a variety of ages and educational backgrounds. Their ages ranged from mid–30s to early 70s. The average age was 49. Their educational backgrounds varied. Two participants had a high school degree, while the other three had some advanced education. One had an associate degree, and another had a baccalaureate degree. One participant had a master's degree in education.

The women were all emotionally attached to their loved one having surgery. Four participants were spouses of the patient. One woman identified herself as a significant other with the patient whom she had known since high school. These individuals had been intimately involved for the past five years.

The waiting period during the surgery can be long and lonely without family support. Three of the women were alone after their loved one left for surgery, and kept other family members updated during the surgery by cell phone. Two women had support of one or more family members during the surgery waiting period.

Having previous experience of waiting for a loved one during surgery helps individuals understand the process, and can help them cope with the emotional stress during the surgical waiting period. Four of the women had previous experience of waiting for someone during surgery. One woman identified that this was her first time waiting for a loved one during surgery.

The surgical procedures performed were all non-elective surgical procedures involving major organs. The types of surgeries performed varied from colon rectal procedures to urological surgeries. The surgical procedures lasted from three to eight hours from the time of incision to the completion of the surgical procedure. The following are examples of the surgeries performed:

1. Sigmoid resection for cancer.
2. Proctocolectomy for ulcerative colitis
3. Laparoscopic-assisted proctocolectomy for ulcerative colitis.
4. Radical retropubic prostatectomy for adenocarcinoma.
5. Radical nephrectomy for a renal mass.

*Nature of the Lived Experience*

I met the family members prior to the surgical incision, explained the surgical process, and the type of information to expect while their loved ones were in surgery. During this initial visit, I answered their questions, assessed their emotional needs, and began to establish a relationship with the family member. All of the women expressed concern for their loved one, and openly shared how anxious and worried they were about the surgical outcome. I empathetically listened to their concerns and during this time offered emotional support by being attentive to their needs.

I informed the family member when the surgical procedure began, or when the incision was made. I provided updates on the surgical progress every one to one-and half hours during the procedure. The messages provided during these updates varied based upon the information received from the surgeon or operating room nursing personnel. The messages were as simple as, " The surgery is in progress, and the patient is doing well" to "The specimen has been removed, and sent to pathology." Depending on the length of the surgery, I interacted with the family members anywhere from five to ten times during the surgical procedure.

Some of the women were very tearful, and cried every time I came to see them. I would sit with these individuals, listen to their concerns, and provide measures of comfort and support. Some of the women remained very stoic and showed little emotion to me throughout the surgery. I tried to be present with these women in a way that acknowledged that I cared about them and their experience.

When their loved ones arrived in the recovery room, the surgeon met with the family members, and shared detailed information about the surgical procedure performed and the pathology results. I stayed with the family member to answer their questions and provide support, if necessary.

*Investigating the Lived Experience*

In order to investigate the lived experience of waiting for a loved one during surgery, I approached family members about participating in the study. I waited a couple of days following the surgery prior to asking them to consider participating in my study. I selected families based on a personal feeling that I had potentially established a connection or a transpersonal caring relationship with these individuals. I gave the family members the invitation to participate letter (Appendix A, p. 55), and explained the study. The individuals were given time to consider participation in the study. Some individuals responded immediately, while others waited one to two days to consider participating. I had three family members decline participation. I continued to select families until I had reached a total of five participants.

I decided to restrict the sex of the participants to women in order to maintain a consistent element in the meaning of the phenonomen. Exploring deeply the experience of the women allowed me to focus on the unique shared meaning of the experience that these women felt. Strength of this kind of research is the targeted deep focused reflection.

The women were met with one to six days following their loved ones surgery and prior to their family member's dismissal from the hospital. The women were met with once, and the semi-structured conversations were audiotaped.

*Reflecting on Essential Themes*

To ensure the accuracy of the transcribed notes, I reviewed the transcribed semi-structured conversations while listening to the audiotapes. The notes were read a second time for phenomological reflection on the essential meaning of their experience. The essence of the women's experience was hidden within their words. According to Robertson-Malt (1999), the essence of the participant's experience is hidden within the language of their stories, and unfolds once the taped semi-structured conversations have been transcribed. It was important to sift through the transcribed notes to discover words that captured the essence of the meanings. Words like: being with me, you were there, a caring person, comfort, friend, knew you forever, informed, sense of control, connection, trust, sense of assurance, decrease anxiety and a sense of time, were consistently noted in the transcribed notes. According to van Manen (1990), the theme is a means to discover the meaning of the phenomenon of being connected to the nurse communicator. Narratives were organized into similar structures of meanings, and various themes were identified. Potential themes initially identified were: being with, comfort, connection, information, and time.

*Describing the Experience Through Writing*

Using a selective approach (van Manen, 1990), sentences that appeared to be thematic of the family member's experience were extracted from the narratives. Examples of some of the family member's statements were the following:

" You were there for me. You were present in the relationship."

" I needed you and I knew that you would be with us."

" It was like I had known you forever. I felt a connection and trust right away."

" It was a comforting feeling to know that you would help me. You were like a

friend. It is hard to explain. There was something about you – there wasn't a distance there."

" Knowing what was going on was helpful. It gave me a comfort and a sense of reassurance to keep me informed"

The essence of these and other statements were analyzed to determine how the themes related to the phenomonen of what it was like for the family member to be connected to the nursing communicator during the perioperative period. Essential themes that best described the essence of the lived experience of the family members were: being with – a sense of presence, relationship with other- a sense of caring, a sense of connection, a sense of control, and a sense of time.

After developing the essential themes, the five women were contacted by telephone for validation and guidance of the emergent themes. During this step, I worked with each of the women to weigh the appropriateness of each essential theme. I spoke with each participant, and read the five themes with a brief description statement (see Appendix E for telephone script, p. 62). I asked the women, "Do these statement sound like a good description of how your felt?"

The first participant agreed that these themes reflected her feelings of being connected with the nurse. She said, "It made such a difference having a nurse provide information to me. I am a type A personality, and I had lost control of my emotions that day. I needed your help to gain that sense of control over my emotional feelings. You made me feel connected to my husband during the surgery. Time was essential, and just to know that you would be back at certain times was so important to me that day."

The second participant I called said, "How valuable it was to have a nurse be with me, and to receive information during the surgery." She felt the one- on-one interaction was very reassuring, and suggested that the sense of control theme be changed to reflect a sense of reassurance. She felt that being reassured during the surgery led to her sense of control, or of not being so lost. She felt that the sense of reassurance was an essential

theme, and was a better reflection of her experience. This person agreed with the other four essential themes.

I recontacted the first participant, and explained the suggested theme change suggested by the second person. The first person agreed that the theme change from control to reassurance more accurately reflected her experience. The remaining three individuals were contacted, and agreed that the essential themes identified captured the essence of their experience of being connected to the nurse communicator.

*Maintaining a Strong Relation to the Phenomenon*

During this step, it is important to uncover the essential themes from the non-essential themes or incidental themes. A non-essential theme is a theme that one or two people might experience, but does not appear to be shared by all, or essential to the shared experience. I had initially felt that the women appeared to gain a sense of control of their emotions during the experience. However, a sense of reassurance appeared to better reflect the women's lived experience as an essential theme. The information provided to the women during the surgical procedure gave them knowledge, and a sense of control over their situation, and was ultimately the outcome of the essence of being reassured.

Some of the women talked about the sense of trust and friendship that developed with the nurse communicator. They described a feeling of trust related to their sense of connection with the nurse. The theme of trust became a non-essential theme relating to the sense of connection.

I reflected on my choices made and compared these identified themes against the overall context of the stories. I wanted to make sure that my interpretation of the essential themes from the women dialogical engagements exemplified the essence of the women's lived experience.

*Balancing the Research Context*

Commonalities in themes between the various dialogical engagements were identified which guided the uncovering of five essential themes. The following essential themes were identified:

1. Being with- a sense of presence
2. Relationship with other- a sense of caring
3. Sense of connection
4. Sense of reassurance
5. Sense of time

These essences captured the lived experience of the five women who were connected to the nurse communicator during the surgical procedure. Each of the essential themes will be discussed.

Theme One

*Being With- A Sense of Presence*

The family members said that were told about the role of the nurse communicator from the nurse working on the morning admission center, and how this nurse would provide information to them during the surgery. All of the women expressed feelings of having a caring person be with them went beyond their expectations. They talked about how valuable it was to have someone there for them during this stressful time. Just knowing that the nurse communicator was going to be with them, and to answer their questions, made a huge difference on how well they coped during the surgery.

Some of the women were alone and expressed feelings of fear of waiting alone during this stressful time. They needed someone and the nurse communicator appeared to fill that void. One person said, "I can't explain how difficult it was to be here by myself. Based on my previous experience, I assumed that I was going to put in some lonely, sad little waiting room somewhere, and be left alone for hours. So to hear that I was going to have a nurse keep me informed, sounded pretty good. But to be perfectly

honest, I had no idea that I was going to be so well cared for during the waiting period. I was so grateful and impressed with the fact that I was emotionally hand held through the surgical procedure."

Paterson's and Zderad's Theory of Humananistic Nursing Practice (1976), described nursing presence as an interaction or relationship between a nurse and a patient that involves a kind of being with or being there (p. 14). The concept of being with was identified by all of the women as an important aspect of their connection with the nurse communicator. To have a nurse communicator be with them helped to ease their mind, which made a huge difference in their anxiety level.

A participant said, "I was emotional due to the fact that we were just coming for three days of tests. Then to find out that my husband needed to have his colon removed...my emotions were overflowing. I needed someone and it was you. I knew that you were not going to leave me until you felt confident I was OK. Your presence made a difference on what happened to my anxiety that day. You were really there for me."

For the nurse communicator to be present in the relationship, to provide emotional support, and listen to them was very important for family members. A participant said, "For a person to be there to help you out was a Godsend. I felt like I could have sat there for five hours and cried, and you would have sat there with me. You spent the time to listen to me. It seems like there was more caring, than just a job for you to do." This is consistent with Parse's (1998) definition of presence as, "a special way of being with, where the nurse is attentive to moment-by-moment changes in meaning" (p.71).

Benner (2001) identified presence, as being with rather than doing for, as one of the eight competencies expert nurses demonstrated that reflects the practice domain of the helping role of the nurse. Through dialogical engagements and observations of experienced nurses, Benner discovered that presence involves touching, allowing

ventilations of feelings without verbalizing in response, and person-to-person contact among nurses, patient, and their families.

The words being there and presence were noted in all of the semi-structured conversations. One of the individuals described feelings similar to Watson's concept of a transpersonal caring relationship with the nurse communicator. She said, " I got the impression that you were very present in our relationship. I really felt like you came into my world. You were there to help me out. I knew that you were giving me information, so I was willing to let you into my world." According to Watson (1999a), a transpersonal caring relationship is a union that occurs between two persons, where both are capable of transcending self, time, space and the life history of each other. The nurse enters into the experience with the other person creating a shared experience (p. 66).

Family members were very observant of my verbal and non-verbal behavior. They assumed that things were going well because I was friendly and cheerful during their updates. A person said, " You were always upbeat when you would come out and give us a report. So I knew that things were going well." I had no idea that family members were so observant of my demeanor.

## Theme Two

### *Relationship With Other- A Sense of Caring*

The women talked about the importance of having one consistent person who was going to be caring for them during this stressful time. One person said, "You were the person that I could go to if I had a panicky question. To know that there was one person who face I could recognize instead of having to wander up and down the hallways meant a lot to me."

The women described a physical presence, as well as a presence of the nurse, that moved beyond the physical interaction to a transpersonal feeling of caring. An example expressed, "There are a lot factors that go into physical contact. The non-verbal communication is so important. Just the things you pick up on regarding how I was

feeling, the way you looked at me, or how concerned you were when you updated me, told me you really cared about me."

The women described the relationship with the nurse communicator like a special friend. There appeared to be an instant connection with the nurse communicator that provided comfort to the family members. One person shared, "The instant I met you, it was like I'd known you forever. I guess, that is why the first thing I did when you gave me an update was to give you a hug. I felt so comfortable with you. Honest to goodness, it felt like the comfort of an old friend."

According to Watson (1999a), the art of caring begins when the nurse enters into the life of another person, is able to detect and sense their feelings, and allows the other person to experience and release their feelings. The women described a remarkable feeling to know that someone cared and how they felt a connection built on trust. The women said it was hard to explain, but they felt a closeness to someone they had just met.

## Theme Three

### *Sense of Connection*

Everyone described a sense of connection with the nurse communicator. They talked about the importance of having someone there to tell them what was going on, to keep in touch with them and that it would be the same person throughout the surgery. One person stated, "To be able to talk to somebody during the surgery was so helpful. You would walk around the corner and whew, I would calm down. Everything went away, like the sound of the old men babbling in the corner, when you stepped into the doorway. I really felt connected to you."

Watson's Theory of Caring (1999a) describes the art of caring in nursing as the interaction of the nurse transmitting feelings of love and concern to another person who in turn experiences the same feelings. These feelings can help the other person to experience an inner power to control their emotions.

The participants felt connected to their loved one and felt a part of the surgery through the nurse communicator. A participant said, "You were our liaison, our link between the operating room and the waiting room. That meant so much to our family that day." Another person felt more connected to her husband through the nurse communicator. She said, "You were seeing the procedure through your eyes and interpreting it me. To get the information from the same person, and have it presented in a consistent way was very important. It made me feel connected to my husband.' She continued on by saying, "I got the impression that you were involved in what was going on with me. You were a friend. I felt a connection right away, and a deep sense of trust."

## Theme Four

*Sense of Reassurance*

The family members talked about how much it helped to know that the nurse communicator was going to tell them what was going on during the surgery. They described a calming or a comforting feeling whenever the nurse communicator would provide an update. Individuals wanted to know the good information, as well as any bad news from the nurse. Providing information throughout the perioperative period gave the family members a sense of reassurance, which helped to control their feelings, and ultimately led to a decrease in their anxiety level. One person said, " Knowing that you were coming to tell me what was going on gave me a feeling of control. It was calming to see you walk in to the room, and to know that I was going to receive some information. When you do not know what is going, it is human nature to think, what they are hiding? So to have the information that I did, and to know what was happening all the time, was absolutely wonderful."

Another person shared, " The fact that I was provided with so much information, I really felt like I was not being left out of the process. Knowing where he was at each stage of the procedure was so helpful. Just when my anxiety level would rise, you would

come out and share information, and my anxiety level would shift down again." A third person said, " It really gave me comfort to know that you were going to come back and forth and keep me updated on everything. So from the beginning, I had a sense of reassurance knowing that you would find me and keep me informed. It really meant the world to me to have that knowledge of what was going on in the operating room."

A phenomenological study by Fareed (1996), explored the experience of being reassured by a nurse. According to the study, the presence of the nurse was an important factor in reassurance. The nurse needed to be in tune with the person who needed the reassurance to show that she or he cared about them.

## Theme Five

*Sense of Time*

Everyone talked about the importance of time, both subjective and objective time. They spoke about how they looked forward to every time the nurse communicator would come and provide an update. Just knowing that someone was coming back at a certain time helped decrease their anxiety level and gave them a sense of reassurance, which helped them to control their emotions during this stressful time. One person said, "I looked forward to every time I saw you. You always gave me a time that you would be back, and you were there. It gave me a feeling of control over the situation, and brought down the anxiety of the whole thing." Another person said, "We waited eagerly for you to update us. It was important to tell family members when you are returning with an update. People are grasping at anything and need to given a time sequence."

Subjective time was an important issue, as their lived time appeared to go very slow due to their anxiety level. A participant expressed, " It was an endless period of time between the time my husband left for surgery and the time the incision was made. I had no idea of the length of time it takes to do everything. So to give me a sense of time to help pace our wait was so helpful. It gave me comfort to know that when you said you would be back, you were back with an update."

Watson's (1999a) conception of life and person is not confined by objective or clock time. The lived world of the experiencing person shapes its own time, unconstrained by linearity. Watson discusses time in relationship between the past and present. Watson describes the moment of caring as a part of the lived time. The caring moment of the nurse and family member leads to the transpersonal caring relationship, and has the potential to influence both the nurse and the family member in the future.

*Transpersonal Caring Model*

A transpersonal caring model, reflecting my concept of nursing presence, was developed (Figure 1, p. 33). This model is based upon the themes related to the phenomenon of the experience of a nurse's connection with family members during the surgical experience.

The purple circle with a blue arrow represents the nurse communicator providing information to the family. This information continually evolved as the patient progressed through the surgery.

The orange circle represents the communication and interaction of the nurse communicator. It reflects the nurses' verbal and non-verbal communication, such as touch, listening, body language, and conscious actions of care and concern, to provide emotional support.

A triangle with the multi-color words, mind, body, spirit, in the points, places the family member as the recipient of communication on firm ground of hearing, understanding, and communicating in response. Inside the triangle are two stars, one yellow and one gold, representing the transpersonal relationship between the family member and the nurse communicator. The nurse entered into the family member's situation and the shared interaction, defined the depth of their experience.

Arrows coming to and from the gold and yellow stars identify the essences of their experience, or the five themes developed. The five essential themes identified are: Being With, Relationship With Other, Sense of Connection, Reassurance, and Time.

As a result of this shared interaction, family members expressed outcomes relating to their experiences. These outcomes are identified with arrows coming to and from the orange circle of communication and interaction include: gratitude for having someone keep them informed, reduced anxiety, a sense of peace, increased emotional control, decreased stress level, and a feeling of comfort knowing their loved one was alright.

*Implications for Practice*

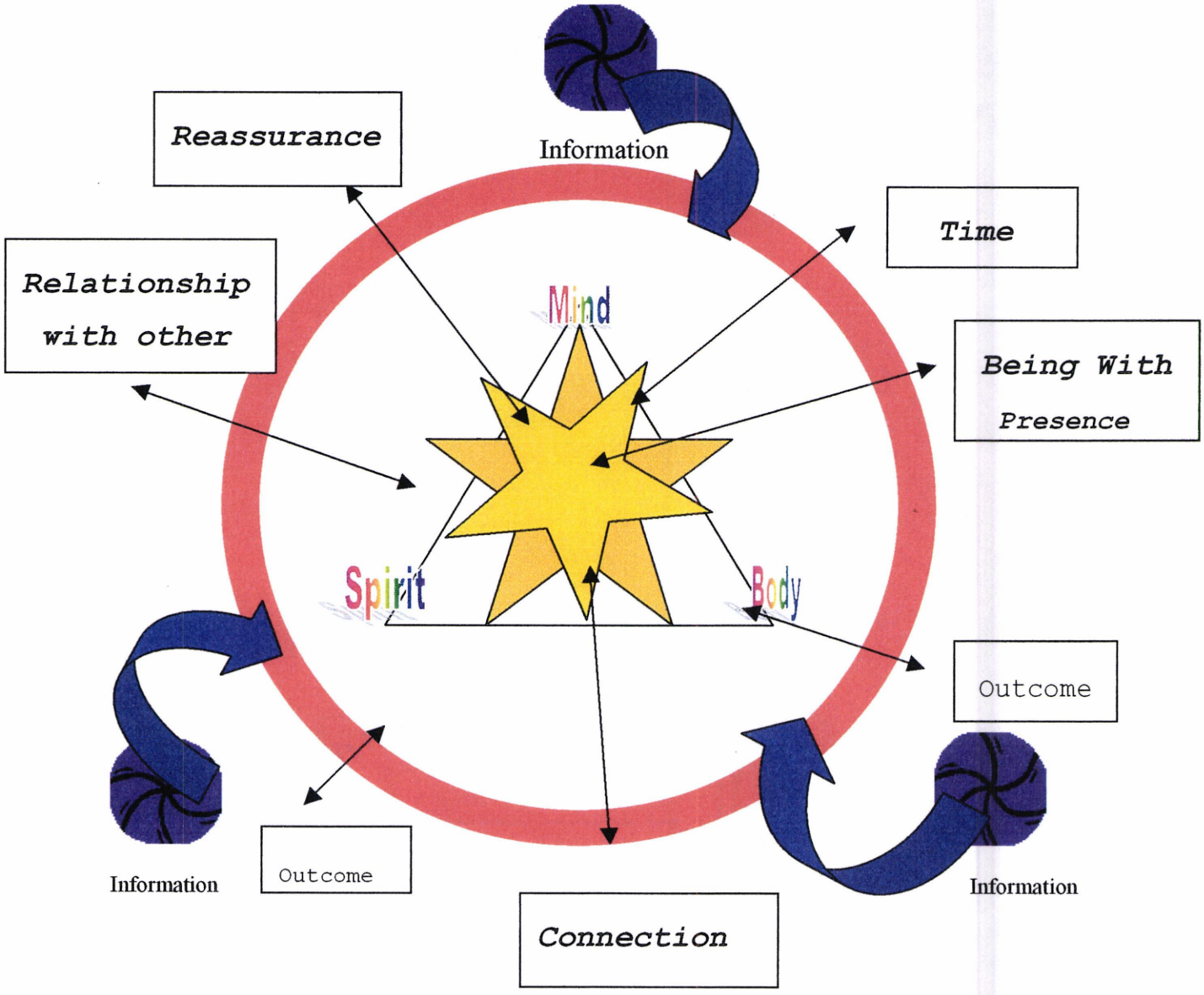
The essence of the family member's experience emerged in the essential themes that included: being with- a sense of presence, relationship with other- a sense of caring, a sense of connection, reassurance, and time. The findings in this study seemed to support Watson Caring Theory (1999a) that requires a nurse to use her mind, body, and spirit to be totally present with the other individual. This caring behavior can lead to a special connection, resulting in a feeling of transpersonal presence.

It is important for nurses involved in the surgical nurse communicator program to understand the importance of caring and connecting with the patient and the family members. Being present is more than showing up to work. To get to know the other person, and to connect with their inner feelings, is a powerful phenomenon that makes a difference in the family member's experience. The concept of nursing presence can be described as an interaction that involves a way of being that connects the individuals to create a transpersonal caring relationship. The essence of this relationship has a profound impact on the family member, as well as the nurse.

The image we convey to the patient and family has a significant impact on the way we are perceived by others, the way others respond to us, and our ultimate effectiveness in our role as a surgical nurse communicator. According to Watson (1999b) a transformative caring model requires a nurse to utilize concepts of consciousness, intentionality and caring. A transformational nursing practice makes a difference in patient outcomes.

*Figure 1*

## Transpersonal Caring Model




## CONCEPT OF NURSING PRESENCE

# CHAPTER 4

## Review of Literature

### *Overview of Literature*

Before conducting the study, a brief overview of the literature on the concept of nursing presence was completed. I began to collect articles on the definition of nursing presence, but did not thoroughly study the literature, before beginning my semi-structured conversations. It was important to avoid developing any pre-conceived ideas about the concept of nursing presence.

Following the completion of the semi-structured conversations, and during the analysis of the transcribed notes, it was important to complete a thorough literature search into hermeneutic phenomenology relating to the themes uncovered: being with - a sense of nursing presence; relationships with others- a sense of caring; sense of reassurance; sense of connection, and sense of time. It was important to expand my knowledge on these concepts in order to understand the meaning of the family member's experience.

on the family member's experience.

### *Nursing Theory on Presence*

The concept of nursing presence can be defined in multiple ways. At times, it is used to simply characterize the nurse who is physically present. It can also be used to describe the nurse who is bodily present, and psychologically involved with the patient (Osterman & Schwartz-Barcott, 1996). The concept of nursing presence was introduced into the nursing literature in 1976. Over the years, many nursing theorists have emphasized the importance of nursing presence.

Paterson's and Zderad's Theory of Humanistic Nursing Practice (1976) describes presence as "a mode of being available or open in a situation with the wholeness of

one's unique individual being; a gift of self which can be given freely, involved or evoked" (p. 132).

The Human Becoming Theory of Parse (1998) identified presence as an interpersonal art that assists the patient or family to promote changes in health patterns. Parse defined presence as "a special way of being with, where the nurse is attentive to moment by moment changes in meaning" (p. 71). The nurse enters the patient's or family member's world as a stranger. Patients or family members share with the nurse only the information they wish to disclose. The nurse in true presence is able to listen without judging or labeling, and the patient or family member feels the nurse's intent through face-to-face disclosure or silent moments.

Watson (1999a) described the importance of nursing presence as a transpersonal caring relationship. This special kind of human care union with another person involves a high regard for the whole person and their being in the world. She states, "Human care begins when the nurse enters into the life space or phenomenal field of another person, is able to detect the other person's condition of being (mind, body and spirit), feels this condition, and responds in such a way that the receiver has a release of subjective feelings and thoughts" (p. 63). The nurse's degree of genuineness and sincerity is considered essential in the transpersonal relationship. The theoretical foundation of Watson's Transpersonal Caring Relationship (1999a, 1999b) supports the results of my hermeneutic phenomenology study regarding of the essence of the family members being connected to the nurse communicator during the surgical procedure.

To expand my understanding on the meaning of the women's experience, it was essential to explore the literature and research relating to each of the themes uncovered during the analysis. The literature provided a basis for the interpretation of what was like for the family members to be connected to the nurse during the perioperative period.

## Theme One: Being With: A Sense of Presence

### *Being*

The philosopher, Heidegger, formulated the concept of Dasein, which means being. (1962). The essence of the word being asks, what does it mean to be? Heidegger used the word Dasein to describe what occurred as lived experiences in relationships with others to explain the meaning of being. The characteristic of Dasein's Being can be related to a person's involvement and existence with another. According to Heidigger, the concept of being with implies an understanding of others. This understanding is more than an acquaintance with the other; it implies an existential kind of Being. Being with, as defined by a surgical nurse communicator, is about sharing a relationship or an existence with the family member to help them through this difficult time.

According to Fredriksson (1999), presence was described in studies as a type of caring presence. Presence can be divided into two parts – being there and being with. "Being there involves a physical presence, as well as communication and understanding with an attentive focus on the other person" (Frediksson, 1999, p. 1171). During this process, Frediksson described the nurse's physical behavior and body language as being sensitivity to the other person through the use of touch to comfort and express concern. In this context, the nurse would lean forward to listen intently to communicate an understanding of the other person's experience. According to Frediksson, the outcome of being with can lead to a decrease of fear, anxiety, and distress with coping and provide a sense of security and reassurance.

### *Sense of Presence*

All the women dialogued with described how my presence made a difference in what happened to their anxiety level. One woman said, "I was so anxious. However, my fears subsided every time I would receive an update." Having a nurse communicator helped them to cope during a very difficult time.

Nursing research by Osterman and Schwartz-Barcott (1996, pp. 24-28) identified core characteristics of presence. Based on examples of presence drawn from fieldwork in a long-term care hospital, four types of presence were identified: presence, partial presence, full presence and transcendent presence. The lowest level of presence as described is the nurse being physically present; however, the nurse is self-absorbed with no interaction taking place. The next level of presence, partial presence, occurs when a nurse is in physical proximity to the patient with energy focused on the task to be done; however, the nurse does not connect with the patient. Full presence is described as a way of being there with the other that requires both physical presence, such as making eye contact, and psychological presence, such as attentive, listening and responding. Transcendent presence involves an energy exchange between the nurse and the patient that is transforming and more spiritual in quality and moves beyond the interactional to the transpersonal. The women in the study described outcomes similar to transcendent presence. They all felt a sense of connectedness with the nurse communicator that produced positive emotions and reduced their anxiety level.

*Intersubjectivity*

Presence as being with is defined as, "An interpersonal and intersubjective mode of being" (Fredikssón, 1999, p. 1171). The nurse chooses to give of herself to the other person and invites the other person into her world. Presence defined as being with occurs when the nurse enters the family member's world and offers support. According to Fredikssón, "Being with is grounded in mutual receiving which allows for a higher degree of intersubjectivity than being there" (p. 1171). The nurse and the family member are present to each other, as well as being present as whole persons.

One of the women I had a conversation with described the feeling of intersubjectivity. She said, "I got the impression your were very present in our relationship. I felt like you came into my world. I knew you were giving me information, so I was willing to let you into my life." I was very emotional after this dialogical

engagement. I felt that I had truly connected with this woman, and it confirmed my feelings of having experienced a transpersonal caring relationship with her.

According to an article by Doona, Haggerty & Chase (1997) nursing presence is defined as, "An inter-subjective encounter between a nurse and a patient. The nurse encounters the patient as a unique human being in a unique situation, and chooses to give of herself on the patient's behalf, while at the same time the patient invites the nurse into his experience" (p. 12). A key to presence is the commitment on the nurse's part to immerse herself into the patient's situation and the patient and family willingness to let the nurse into that lived experience. As a consequence of nursing presence, both the nurse and patient and family are changed.

## Theme Two: Relations With Others: A Sense of Caring

### *Caring*

The term caring is the core of nursing. Literature explored identified categories of caring: caring as a human trait, caring a moral or ideal, and caring as an interpersonal relationship (Morse, Solberg, Neander, Bottorff, & Johnson, 1990). From the perspective of caring as human trait, a nurse's own experience of being cared for and expressing care, influences one's ability to care (Morse, et. al, 1990).

Benner and Wrubel (1989) defined caring as "the basic way of being in the world" (p. 398). A nurse's ability to care is reflected in their level of expertise in understanding the meaning of the patient or family member's experience. A caring relationship sets up the conditions of trust that enables the one being cared for to feel as if someone really cares about them.

In Nightingale's (1992) *Notes on Nursing,* Nightingale asks her readers to imagine themselves in the place of the patient. This requires the nurse to be empathetic towards the patient. Such a demand requires the action of care, even though Nightingale never defined human care. In a study, Benner (1994) found that nurses often "identified with their patients or families by imagining themselves in the same situation" (p. 31).

Nurses reminded themselves of how they would feel if this was their own family member, which helped to define their actions of caring.

Leininger (2002) defined caring, "As those assistive, supportive, enabling, and facilitative culturally based ways to help people in a compassionate, respectful and appropriate way to improve human life" (p. 11). Leininger felt that care is an essential human need and that caring is nursing. Leininger identified several actions for transcultural care such as presence, a way of being there, respect and concern for the other, and connectedness.

According to Newman (2000) caring in nursing involves being fully present without judgments. It involves being rather than doing. It is caring in the deepest sense. The essence of this process is being fully present in the transformation of others and ourselves as we allow meaning to unfold (p. 140).

*Caring as a Relationship*

Watson (1988) describes caring as a fundamental value or moral ideal (p. 39). Watson suggests that the basis for nursing is preserving the dignity of patients. From this perspective, caring is not just a set of behaviors evident in a nurses actions. Rather, caring is the adherence to the commitment of maintaining the individuals dignity. The ideal of caring is an attitude, which then becomes an intention to care.

Caring as an interpersonal relationship encompasses both the feeling and the behaviors occurring within the relationship. Watson (1999a) defines the art of transpersonal caring in nursing as, " as a means of communication and release of human feelings through the use of one's self. Transpersonal caring is a means where an individual moves toward a higher sense of self and harmony with her mind, body and soul" (p. 70).

## Theme Three: A Sense of Connection

### *Connection*

The concept of connection can be viewed as a process, the act of connecting, and an outcome, of being connected (Wilde, 1997). According to Wilde, nurses attributes related to connecting include: good communication skills, and intentionality. A study by Trojan and Yonge (1993) concluded that good communication skills were a major part of the connecting phase of developing a trusting relationship.

Nursing attributes that relate to a sense of connection include: depth of the relationship, sense of presence, and sense of transcendence (Wilde, 1997). The depth of the relationship of one's being with the other revealed a transcendent quality to the caring relationship. Watson (1988) describes a caring occasion as two persons coming together in a caring encounter. When two people come together in a given moment, an opportunity for human caring is created. The actual moment can develop into a deeper higher, complex pattern and has the potential to transcend beyond the moment. Watson describes a sense of connectedness with the other. According to Watson (1999a), "A transpersonal caring moment or relationship depends on the caring consciousness of the nurse that transcends the other person's spirit creating a connection between the two persons" (p. 155).

### *Intentionality*

Watson (2005) refers to the concept of intentionality as, "A conscious awareness directed towards a mental object, with the purpose towards action, expectation, and belief" (p. 191). A nurse's intention provides direction to choices and actions, but a nurse's intentionality connects with the consciousness level. A nurse's consciousness and intentionality creates a special connection leading to a transpersonal caring relationship between the nurse and the family.

The concept of connection was expressed by all of the women. They felt a sense of being connected and a sense of trust with me right away. They verbalized the caring

moment, and the depth of the relationship with a caring person, who developed a sense of connectedness with them throughout the experience.

## Theme Four: A Sense of Reassurance

### *Reassurance*

The concept of reassurance is a complex phenomenon. A phenomenological study by Fareed (1996) explored the concept of reassurance by identifying nursing interventions that were found to be reassuring. Various themes were identified for participants to feel reassured. These included: being with, receiving information and knowledge of facts, interpersonal skills, use of appropriate communication skills, trusting relationship, being care for, assertion of optimism, and humanistic traits (pp. 275- 277).

For the act of reassuring to be effective, the person doing the reassuring needed to be present in the relationship. To feel what the participant was feeling was so important. The main component of being reassured was described as the elimination of the fear of the unknown. This was accomplished by receiving accurate information about details of the nature of the operation and receiving explanations on things that were to complex to understand.

This was consistent with the results in my study. The women felt that the information provided helped them cope with the stresses of the surgery, which gave them a sense of reassurance, which ultimately led to the control over their emotions. Many of them spoke about the fear of the outcome of the surgery of their loved one, and with my presence and communication helped them to decrease their fear and anxiety.

### *Interpersonal and communication skills*

Nurses use therapeutic communication to support, inform, and empower family members to effectively cope during stressful situations. The nurse should provide enough information to the family to help them, but not overwhelm them. Information can help the family gain control of their emotions (Arnold & Boggs, 2003).

The interpersonal skills and the communication skills of the nurse are so important. In the study by Fareed (1996), the participants felt reassured when the nurse communicated with them both verbally and non-verbally. The non-verbal communication, the tone of voice, a smile, was as a way of showing concern that someone cared.

According to Arnold and Boggs (2003), offering one's self as a support can be highly reassuring. The presence of the nurse and the use of therapeutic communication can help the family member cope with the stress of the surgery.

*Trust*

During the initial encounter with the nurse, the patient and the family member assess the nurse's trustworthiness (Ramos, 1992). Kindness, competence, and a willingness to become involved are communicated through the nurse's words and actions. Honesty and commitment are critical elements in trust (Arnold & Boggs, 2003). The nurse's consistency, dependability, and commitment in providing information foster the development of trust with the family member.

The study by Fareed (1996) results indicated that a trusting relationship is an important element in reassurance. This trust was conveyed through the nurse's behavior and knowledge and skills demonstrated. The participants also felt reassured when the nurses showed that they were caring. The humanistic traits of the nurses make them feel at ease.

## Theme Five: A Sense of Time

*Time*

Time is a very complex concept. According to Conrad, time appears in two forms: personal time and mechanical time (Peters, 2000). Personal time is time as humans experience it. Time may speed up or slow down based upon what was happening in their environment. Many of the women talked about the endless period of time between the time that their loved left for surgery and the time surgery began. Mechanical time refers

to the actual time as a clock measure it. When I provided information to the women, I would tell them the time that I would return with an update. Providing a particular time to the women helped to provide a sense of control over the situation.

Van Manen (1990) describes lived time as subjective time as opposed to clock time or objective time (p. 104). Lived time speeds up when were are happy, or slows down during anxious times. Lived time is our way of being in the world in context as the past, present and future.

Heidigger (1975) viewed time as being-in-time in the world, different than our Western notion of linear time. Heidigger's view of time is directional and relational, and applies only to being, not to physical objects. Time exists as content: it exists as an activity. Our traditional view of linear time is an endless succession of what is happening now and how the past can relate to the future.

*Subjective and Objective Time*

Watson (1999) discussed time as past and present with the present as being more subjective and the past as objective. She feels the moment of caring is the subjective lived time. Watson describes the transpersonal caring occasion with the patient and the nurse, "As a coming together in a given moment in time where the past, present and future merges" (pp. 60 –61). The act of caring in the present has the ability to affect both the nurse and the patient in the future.

Time can be viewed as complex as well as conceptualized as concrete. Time can be viewed in terms of personal time as well as mechanical time. The perception of the women's view on time provided insight into the meanings of their experience.

*Conclusion*

My literature review provided insight into the concepts of nursing presence as a way of being with the family member. Caring was viewed as a fundamental value or moral ideal, and as an interpersonal relationship. Connection referred to the depth of the relationship with the other and the intentionality to connect at a conscious level. The

concept of reassurance involved the use of therapeutic communication and the development of a caring, trusting relationship. Time was viewed as personal and subjective or mechanical and objective. The caring relationship of the nurse communicator with the family member during the perioperative period has a profound impact on the outcome of the family member's experience.

# CHAPTER 5

## Discussion

### *Findings*

This hermeneutic phenomenological study explored the experience of a surgical nurse communicator's connection with five women who were waiting for their loved one during surgery. The intent of this study was to apply the knowledge learned to increase an understanding of the lived experiences of family members during the preoperative period. The themes uncovered reflect the life world of the women met with, and provided insight into the importance of being with the family member during the perioperative period. The findings support the relationship between the role of the surgical nurse communicator and their positive impact on family members.

The study identified essential themes that reveal the value of the nurse communicator's interaction with the family during the perioperative period. The women in the study talked about how the presence of a caring person went beyond their expectations, and that this person made a huge difference in their response to coping during the surgical experience. The simple act of providing communication and caring interactions resulted in positive outcomes, where the family member felt a reduction in their anxiety, expressed a sense of reassurance, and identified a feeling of satisfaction with their experience. The transpersonal caring relationship, described by Watson (1999), was used as my foundation for my caring model. These findings are consistent with Watson's theory on the outcomes of a transpersonal caring relationship.

The women described an instant connection with the nurse communicator, similar to finding a special friend. It was interesting that the moment the nurse began her connection with the family member determined how they would experience the relationship. Before this study, I did not realize the depth of my routine caring interactions, and their powerful impact on family members. As a nurse, the act of caring

comes so natural, that I don't even think about what I am doing, and the impact that it has on others.

The intervention of providing information throughout the perioperative period gave the women a sense of reassurance that the operation was in progress, going well, and their loved one was alive. When a love one goes to surgery, it is human nature to think negative thoughts, and that something must be wrong, when communication is not forthcoming. Most people do not understand the surgical process, and once the surgery started, the family member worried about the outcome, and information helped them to know what was happening during the procedure.

The role of the nurse communicator is to inform the family member about the stage of the procedure, and not necessarily the results of the surgical procedure. So even though the women did not know the outcome of the procedure, they felt a sense of reassurance just knowing what was happening in the operating room. The presence of a caring nurse to provide accurate information about the details of the operation was an important factor in helping the women feel reassured. The main component of being assured was described as knowing what was happening all the time, which helped the women decrease their fear and gain a sense of control over their emotions.

The sense of time became an essential theme. All of the women talked about the importance of both lived (subjective) time, as well as clock (objective) time. Just knowing the length of time it takes for a surgical patient to go through the pre-operative waiting area, into the operating room, off to sleep, position, prep and drape, before the incision is made, was very important. The women's perception of time was experienced as an endless period due to their anxiety level. Through this study, I gained a new understanding of the meaning of time for family members during the perioperative period.

*Incidental Findings*

A non-essential theme of trust was uncovered during the study. This theme was expressed by some of the women conversations. In the literature, trust was linked to the concept of reassurance (Fareed, 1996).

Some of the women expressed a comfortable feeling of friendship and trust with the nurse communicator. The feeling of trust was established immediately, and when asked to explain, she responded, " When you have someone who is going to keep you updated, and is honest with you about what is happening during the surgery, a person has no reason not to trust."

Another women said, "When you came to meet my husband and I before surgery, and you explained your role, the first thing I noticed was what I saw in my husband's eyes. He was so happy that I would be kept informed, and just knowing that, gave both of us a sense of peace. I also knew what to expect from you. I knew that you were very professional, and knew what you were doing. I just knew that if things were going well you would tell me, of if there were a problem, you would not keep that from me. It was instant trust." Could trust be automatically associated with the profession of a nurse? It never occurred to the women not to trust me.

*Strength of the study*

Strength of the study was the phenomenological inquiry, which was grounded in the women's perspectives, uncovered knowledge that lead to ways of knowing, and the discovery of meaning. According to van Manen (1997), knowledge does not inform practice, rather reflection on practice results in an understanding that enlightens practice

Another strength of the study was the pioneering effort of the study. The researcher did not find any existing material in nursing journals that described the use of phenomenological inquiry to discover the meaning of what it was like for family to be connected to a nurse communicator during the perioperative period. It is through

phenomenological inquiry that nurses have the opportunity to find meaning, understand everyday situations, and change their actions.

The concept of nursing presence in the perioperative setting is rarely discussed. Behind the walls of a highly complex environment of a surgical suite, the nurses usually have unique technical skills, with caring behaviors. Caring behaviors in the operating room can be described as being with the patient in a physical, psychological, and spiritual sense.

In a phenomenological study by Chard (2000), actual caring behaviors of a perioperative nurse were described as keeping the patient warm and clean, holding a patient's hand when going to sleep, talking with the patient, and staying physically close to the patient. Perioperative nurses focus primarily on the patient, and share the responsibility of maintaining the patient's welfare with other members of the team during the perioperative period. None of the perioperative nurses interviewed discussed any involvement with family when it came time to describe how they care for the patient.

*Implications for Practice*

Traditionally, families are not considered an essential factor in providing quality care during the perioperative period. So, meeting the needs of the family member's has not always been seen as a vital responsibility of the perioperative nurse. Family members were often viewed, as a nuisance who got in the way of the patient needs. This perception must to be changed. Through phenomenological inquiry as a basis for perioperative nursing practice, traditions and attitudes about family members of surgical patients can be changed. Interpretive reflection as a process for transforming nursing practice can lead to the emergence of new practice models of care in the perioperative setting.

Perioperative nurses need to transform their beliefs about extending care beyond the patient to include their family and friends. Increased awareness and added insight, on

the part of the healthcare leaders about the value of the surgical nurse communicator as a powerful force for meeting the needs of the family, can lead to a better understanding of the phenomenon of nursing presence in the perioperative setting. Changes in practice became apparent during the study and perioperative leaders play a vital role in shaping the values and goals of followers. According to Burns (1978), transformational leaders are always in pursuit of higher goals. The transforming leader must elevate the perioperative practice of nursing to include care for the patient, as well as the family, and to recognize the therapeutic nature of the nurse, patient and family relationship.

Some other transformative nursing practice changes within our facility would include having a family member be able to go to the preoperative waiting area with the patient. This would allow the family to be with the patient as long as possible, and meet the anesthiologist and registered nurse that will be caring for their loved one during the surgical procedure.

As a nurse communicator, I do not always get a chance to meet with the patient and family member before leaving the morning admission unit, because of the number of families I am responsible for. This initial contact is so vital to establishing a relationship and providing information on the surgical process. I would like to see changes in staffing and shift schedules to allow for time to meet with all of the patients and family pre-operatively.

The characteristics of the surgical nurse communicator play a vital role in the nursing interactions with the family. The nurse needs to possess caring qualities, good interpersonal, communications skills, and knowledge of the perioperative setting. Leaders need to be selective when recruiting and hiring nurses to fill this position.

*Implications for Decreasing Health Inequities*

The surgical communicator program at our medical facility allows the surgeons to choose whether their patients will be provided information by a nurse communicator

during the perioperative period. At the present time, we have seven surgeons out of seventy-five whom have chosen not to utilize the nurse communicator to send out information. These surgeons when approached expressed concern that they wanted to be the only person providing information to the family. Personally, I think it is a control issue.

Unfortunately, these families sit in the same lounges as the other families who receive information. So all day long they watch and wonder why the nurse communicator does not provide information to them. Throughout the course of the day, they become more anxious and fearful that something has gone wrong in the operating room. Eventually, these families ask the nurse why no one is talking to them? This health inequity in nursing practice needs to change. All families deserve to receive the same information and standard of nursing care.

# CHAPTER 6

## Conclusion

When a patient goes to surgery, the family spends many hours waiting for their loved ones, and wondering about the outcomes of surgery. Perioperative nurses must have the ability to identify and deal with the emotional impact of the surgical procedure on the patient and their family. Nurses have used the intervention of caring, but little attention has been given to describing the phenomenon of nursing presence in the perioperative setting.

The experience of the women in this study of feeling connected to the nurse who kept them informed during the surgical procedure uncovered five themes. The women described the nurse's presence as an interaction or relationship that involved a kind of being with. The women expressed a remarkable feeling knowing that someone cared, and how they felt a closeness or connection with someone they had just met. The presence of the nurse was an important factor in the women feeling a sense of assurance. For the act of reassuring to be effective, the person doing the reassuring needs to be present in the relationship. Time was an important concept. Time for these women seemed endless.

Nurses involved in the nurse communicator program must fully understand the phenomenon of nursing presence and the importance of caring, and connecting with their patient and family. Being present is more than showing up for work. To know the other and their needs requires an investment of time and thought into the other person's needs. Patients and their family recognize and value nurses who are present with their whole beings and are attuned to their needs and concerns. Perioperative nurses must understand the impact of nursing presence with their patient and family and transform this concept into their nursing practice. Through transformational leadership, traditions and nursing practice regarding family members can be changed. Perioperative nurses can transform nursing practice by extending care beyond the patient to include their family and friends.

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## Appendix A

## Invitation to Participate Letter

Dear

I am a graduate student in the Masters of Nursing Program through Augsburg College, in Minneapolis, MN. For my thesis, I am conducting a study to better understand caring behaviors of a surgical nurse communicator identified by surgical family members during the perioperative period. When a person goes to surgery, the family member(s) spend many hours waiting, wondering, worrying about their loved one during the surgical procedure. As a surgical nurse communicator, I understand the importance of caring for the needs of the family members during the waiting period.

I would like you to consider participation in this research study conducted at [redacted] Medical Center. You will be asked to complete a demographic questionnaire and be involved in a one-on-one semi-structured conversation. Family member(s) will be asked to describe the experience of having a nurse keeping you informed during the surgical waiting period. This dialogical engagement will be tape-recorded, and will take about one hour of your time. All information will be kept confidential. You will be contacted by telephone at a later date to clarify understanding and confirm the researcher's findings. You will be asked to sign a consent form.

This study is being done to gather information and contribute to advancing nursing practice in the perioperative setting. You may choose not to take part in this study. Please understand that your care at [redacted], or the care of your family member, will not be affected by your decision to participate in this research project.

Sincerely,
Joyce P. Miller, BSN, RN
Surgical Nurse Communicator
Department of Surgical Services
[redacted]

## Appendix B
## Consent Form for Participation in a Research Study

**TITLE:** Beyond the Patient: Nursing Presence with Families During the Perioperative Period

**IRB #:** 900 - 04

**RESEARCHER:** Ms. J. P. Miller

**PROTOCOL LAST APPROVED BY INSTITUTIONAL REVIEW BOARD:** May 25, 2004

**THIS FORM APPROVED:** May 25, 2004

**This is an important form. Please read it carefully. It tells you what you need to know about this research study. If you agree to take part in this study, you need to sign this form. Your signature means that you have been told about the study and what the risks are. Your signature on this form also means that you want to take part in this study.**

**Why is this research study being done?**

This study is being done to better understand caring behaviors of a surgical nurse communicator by surgical family members during the perioperative period. Family members will be able to describe the experience of nurses' presence during the surgical procedure.

**How many people will take part in this research study?**

The plan is to have five people take part in this study at [redacted]. Adult family members of surgical patients at [redacted], Minnesota will be asked to participate

**What will happen in this research study?**

1. You will be asked to participate in the study by the principal investigator.
2. You will complete a demographic questionnaire and be interviewed. This tape-recorded semi-structured conversation will take about one hour, and will be kept confidential. You will be asked to share the experiences of what is was like to wait during the surgical procedure, and what it was like to feel connected to the surgical nurse communicator.
3. The principal investigator will contact you by phone at a later date to clarify understanding and confirm the findings.

**How long will I be in this research study?**

The interview will take about one hour. You will be in the study until all of the semi-structured conversations are complete (about three to six months) and you receive a follow-up phone call to confirming the findings.

**Are there reasons I might leave this research study early?**

Taking part in this research study is your decision. You may decide to stop at any time. You should tell the researcher if you decide to stop participation in the study.

**What are the risks of this research study?**

A potential risk associated with participating in this study is the possible loss of composure with emotional moments during the conversation.

**Are there benefits to taking part in this research study?**

This study will not make your health better. This study will provide the participant the opportunity to share their experience, and to know that their unique perceptions may contribute to advancing nursing practice in the perioperative period.

**What other choices do I have if I don't take part in this research study?**

This study is only being done to gather information. You may choose not to take part in this study.

**Will I need to pay for the tests and procedures?**

You will not need to pay to participate in this study. If you finish the study, you will receive $ 25.00. This money is for the time you spend on this study. You will receive $15.00 after completing the interview, and another $ 10.00 after the phone contact. If you start the study but stop before finishing the study, you will receive part of the money.

**What are my rights if I take part in this research study?**

Taking part in this research study does not take away any other rights or benefits you might have if you did not take part in the study. Taking part in this study does not give you any special privileges. You will not be penalized in any way if you decide not to take part or if you stop after you start the study. Your decision not to participate will not affect your relationship with Augsburg College.

**Who can answer my questions?**

You may talk to Joyce P. Miller, at any time about any questions or concerns you have on this study. You may contact Ms. Miller (or an associate) by calling the [redacted] operator at telephone (507) [redacted], or contact my academic advisor for Augsburg College, Susan Nash, Ed.D, and if you have any questions you may contact her at (507) [redacted].

You can get more information about [redacted] policies, the conduct of this study, or the rights of research participants from [redacted], Administrator of the [redacted] Foundation Office for Human Research Protection, telephone (507) [redacted] or toll free (866) [redacted].

**Authorization To Use And Disclose Protected Health Information**

Your privacy is important to us, and we want to protect it as much as possible. By signing this form, you authorize [redacted] Rochester and the investigators to use and disclose any information created or collected in the course of your participation in this research protocol. This information might be in different places, including your original medical record, but we will only disclose information that is related to this research protocol for the purposes listed below.

This information will be given out for the proper monitoring of the study, checking the accuracy of study data, analyzing the study data, and other purposes necessary for the proper conduct and reporting of this study. If some of the information is reported in published medical journals or scientific discussions, it will be done in a way that does not directly identify you.

If this information is given out to anyone outside of [redacted], the information may no longer be protected by federal privacy regulations and may be given out by the person or entity that receives the information. However, [redacted] will take steps to help other parties understand the need to keep this information confidential.

This authorization lasts until the end of the study (November 2004).

You may stop this authorization at any time by writing to the following address:

[redacted] Foundation
Office for Human Research Protection
ATTN: Notice of Revocation of Authorization
[redacted]
[redacted] MN 55905

If you stop authorization, [redacted] may continue to use your information already collected as part of this study, but will not collect any new information.

**I have had an opportunity to have my questions answered. I have been given a copy of this form. I agree to take part in this research study.**

_____ _____

(Date / Time) (Printed Name of Participant) (Clinic Number)

_____

(Signature of Participant)

(Date / Time) (Printed Name of Individual Obtaining Consent)

_____

(Signature of Individual Obtaining Consent)

## Appendix C

## Demographic Questionnaire

1. Name _____

   Address _____

   Telephone _____

2. Sex Male _____ Female _____

3. 3. Your age at last birthday _____years old

4. Indicate the educational level of preparation

   Grade School _____

   High School _____

   Associate Degree _____

   Baccalaureate Degree _____

   Masters / MD / PhD _____

5. Ethnic background (Check all that apply)

   White, not of Hispanic origin _____

   Hispanic _____

   American Indian or Alaskan _____

   Black, not of Hispanic origin _____

   Asian or Pacific Islander _____

   Other or Unknown _____

6. Your relationship to the surgical patient (Check all that apply)

   Parent _____ Child _____ Spouse _____ Sister _____

   Brother _____ Aunt _____ Uncle _____ Grandparent _____

   In-law _____ Significant other _____ Other _____

7. Is this the first time you have experienced waiting for a surgical patient?

   Yes _____ No _____

## Appendix D

## Semi-Structured Conversation Questions

1. I see by your response to question # 7 that you have or have not experienced waiting for a loved one during surgery. Tell me about your day of waiting for your loved one during surgery.
2. You are not here to evaluate the role of the nurse communicator, but rather to share your feeling of what the relationship was like to be informed by the nurse communicator?
3. Tell me how you felt about being with the nurse who kept you informed during the surgical procedure?
4. Tell me more about that…perhaps your sense of connection with the nurse?
5. Describe your feelings of anxiety throughout the day, and did they change throughout the day?
6. Where you nervous about the surgical procedure and tell me what happened to your feelings of nervousness as the day progressed?
7. Sometimes people describe feelings of loneliness the day of surgery. Tell me about your feelings of loneliness during the day?
8. Tell me about any fears you had, and if they changed with the presence of the nurse?
9. Tell me about your feelings of trust with the nurse communicator?
10. Tell me about what the feelings of knowledge and information did to your sense of well-being throughout the day?
11. Is there anything that you have not offered, either positive or negative, about the experience that you would like to add?

## Appendix E

### Follow-up Telephone Dialogue for Research Study # 900-04

Is (*name of person*) there?
Hi. I am Joyce Miller, the nurse communicator, from Rochester, Minnesota, who provided information to you while (*name of loved one)* was in surgery. While (name*)* was in the hospital during (*month*) 2004, you participated in a dialogue for a research study that I was conducting that looked at what is was like to be connected to the nurse communicator during your loved ones surgery. Do you remember? (*If yes, continue on. If no, provide more information to help the individual recall).*
How is everything been with (*name*) since the surgery?

I have completed all of my conversations and after reviewing the data collected during the interviews. I want to make sure that I captured the essence of what you shared. Do you have a minute to talk?

I have come with five themes that were common to all of the interviews:

1. Being there: a sense of presence.
   You talked about how valuable it was to have someone there for you.

2. Relationship with other – a sense of caring
   You talked about the importance of having one person who was going to be caring for you during this stressful time.

3. Sense of connection
   You described a sense of connection and trust wit the nurse communicator.

4. Sense of control
   Information appeared to decrease your anxiety and give you a sense of control.

5. Sense of time
   Just knowing that someone was coming back at a certain time appeared to help decrease you anxiety and give you a sense of peace during this stressful time.

Do these statements sound like a good description of how you felt?

Do you have anything to add?

I want to thank you again for participating in my research study. Good-bye.